

California Behavioral Health Planning Council

Workforce and Employment Agenda

Wednesday, October 17, 2018

Lake Natoma Inn

702 Gold Lake Drive, Folsom, CA 95630

Natoma Room

1:30 pm to 5:00 am

1:30pm	Welcome and Introductions <i>Deborah Pitts, Chairperson</i>	
1:35pm	Approve June Meeting Minutes <i>Deborah Pitts and All</i>	Tab A
1:40am	CASRA Employment Initiative <i>Danny Marquez, CASRA</i>	Tab B
2:15pm	Review Committee Charter and Work Plan <i>Deborah Pitts and All</i>	Tab C
2:45pm	Discussion: Next Steps	
3:00pm	Public Comment	
3:05pm	Break	
3:20pm	WET 5-Year Plan Development <i>OSHPD, UCSF</i>	Tab D
4:55pm	Public Comment	
5:00pm	Adjourn	

The scheduled times on the agenda are estimates and subject to change.

Workforce and Employment Committee Members

Chairperson: Deborah Pitts

Members: Walter Shwe, Arden Tucker, Kimberly Wimberly, Vera Colloway, Karen Hart, Cheryl Treadwell, Deborah Pitts, Steve Leoni, Lorraine Flores, Liz Oseguera, Kathi Mowers-Moore, Dale Mueller

Staff: Justin Boese, Naomi Ramirez

If reasonable accommodations are required, please contact the CBHPC office at (916) 552-9560 not less than 5 working days prior to the meeting date.

TAB A

California Behavioral Health Planning Council
Workforce and Employment Committee
Wednesday, October 17, 2018

Agenda Item: Review and approve meeting minutes from June 20, 2018

Enclosures: WE Committee Meeting Minutes June 20th, 2018.

Background/Description:

Enclosed are meeting minutes from June 20, 2018. Committee members will have the opportunity to ask questions, request edits, and provide other feedback

Workforce and Employment Committee

Meeting Notes

Quarterly Meeting – June 20, 2018

1:30 pm – 5:00 pm

Committee Members Present:

Arden Tucker, Vera Calloway, Karen Hart, Deborah Pitts, Steve Leoni, Lorraine Flores, Liz Oseguera, Kathi Mowers-Moore, Dale Mueller

Staff Present:

Justin Boese, Naomi Ramirez

WET Steering Committee members Present:

Kathryn Kietzman, Kristin Dempsey, Janet Frank, Heidi Strunk, Maxwell Davis

Welcome & Introduction:

Justin Boese and Naomi Ramirez opened the meeting and began introductions. Justin Boese briefly reviewed the meeting agenda.

Nomination of Chairperson and Chair-Elect:

After introductions, the committee discussed the nomination of the chairperson and chairperson elect. The committee nominated Deborah Pitts to be chairperson, who accepted the nomination. Justin Boese clarified that the committee would need to decide whether the elected chairperson would only serve to the beginning of the new year, or if they would serve as chairperson through the following year October. The nomination was amended to specify that Deborah would be the chairperson through the remainder of 2018 as well as 2019, with the chair elect becoming chairperson in 2020. Dale Mueller was nominated to be the chair-elect. The committee voted unanimously to approve the nominations of both Deborah Pitts and Dale Mueller.

Overview and Discussion - Workforce and Employment:

The committee then discussed the materials provided in the meeting packet, which were included to provide background information on current workforce and employment issues. Steve Leoni provided an explanation for why the current WET 5-year plan lacks funding for the 5th year, and gave an overview of current efforts to fund that 5th year. Steve then addressed the fact that there is no funding in place for the next 5-year plan, which is a significant problem. He also provided some background information about the formation and work of the WET Steering Committee, which emerged out of the WET Ad-Hoc committee.

Deborah Pitts asked a few clarifying questions about the work of the WET Steering Committee and the purpose of the Workforce and Employment Committee, which Steve Leoni and Justin Boese spoke to. One of the main differences, in terms of scope, is that the WET Steering Committee is focused on the WET plan, while the work of the Workforce and Employment Committee will also encompass other efforts, such as the employment of consumers and family members.

Workforce and Employment Committee Charter:

The committee discussed the draft committee charter prepared by Justin Boese, which was included in the packet to serve as a starting point. Members reviewed the draft, provided comments and feedback. Kathi Mowers-Moore suggested that “co-op programs” be rephrased as “third-party cooperative agreements.” Dale Mueller commented that it is part of the charter of California community colleges and CSU’s to help train the mental health workforce, and noted that these institutions are absent on the list of potential partners in the charter draft. Dale offered to look into who within those institutions are responsible for that kind of strategic planning. Other suggestions brought up included adding “training” into the first sentence of the Committee Overview and Purpose section, and including language in the charter that clarifies the roles of the Workforce and Employment Committee and the WET Steering Committee.

Process for next WET 5-Year Plan:

After a short break, the committee reconvened. Staff from the Office of Statewide Health Planning and Development (OSHPD) presented to the committee members on their development plans for the next WET 5-year plan. Detailed notes taken by OSHPD’s stakeholder engagement facilitator are enclosed.

The meeting adjourned at 5:00 pm.

WET 2020-2025 FIVE-YEAR PLAN DEVELOPMENT
Meeting Summary

California Behavioral Health Planning Council
Workforce and Employment Committee

June 20, 2018 | 3:00 – 5:00 pm
Sheraton Gateway
6101 W Century Blvd.
Los Angeles, CA 90045

Meeting Action Items

OSHPD

- Review committee members' comments and questions.
- Follow up with the Northern California Center for the Deaf and Hard of Hearing.
- Identify a listserv of Deans and directors of all community colleges and CSU campuses.
- Follow up with Karen Hart about Family of Youth stakeholder engagement
- Follow up with Lorraine Flores regarding information about Youth Groups

CSUS

- Update the WET Stakeholder Engagement Plan based on feedback provided at the meeting.

CBHPC/WE Committee

- Identify participation for the July WET Stakeholder Engagement Planning meeting- **Justin Boese**.
- Send out a Doodle poll to schedule the July and August meetings- **Justin Boese**.
- Review handouts and provide feedback on stakeholder participation and discussion content to Justin Boese.

Meeting overview

The Office of Statewide Health Planning and Development (OSHPD) joined the California Behavioral Health Planning Council's (CBHPC) Workforce and Employment (WE) Committee meeting on June 20, 2018 to present information regarding the development of the Workforce Education and Training (WET) 2020-2025 Five-Year Plan, which lays out a plan to respond to California's mental health workforce needs.

Participants

[Get list from Justin Boese](#)

Welcome and Introductions

Caryn Rizell, Chief of Operations, OSHPD Healthcare Workforce Development Division, welcomed participants and introduced the OSHPD team. Ms. Rizell reviewed the OSHPD presentation objectives:

1. Share information about the development of the WET 2020-2025 Five-Year Plan, including plan components and timeline
2. Introduce early findings from the recent WET program evaluation
3. Explain the stakeholder engagement process, discuss the role of the WE subcommittee in advising the WET planning process, and to get feedback from the WE subcommittee about the public engagement portion of the WET planning process.

Ms. Rizell explained how the WET program and the five-year plan fit in with OSHPD's broader work, and highlighted the role of the Health Professions Education Foundation in providing financial incentives for healthcare professionals working in areas with unmet needs.

2020-2025 WET Five-Year Plan Development Components and Timeline

Overview

Ms. Rizell presented the main components of the WET Five-Year Plan development process—evaluating the current program, looking to the future, and engaging stakeholders—and the timeline for carrying out these pieces. Ms. Rizell presented a vision for collaborating with the WE Committee, specifying what information OSHPD plans to provide the committee and what input OSHPD is requesting from the committee at the upcoming quarterly committee meetings. Ms. Rizell presented the key questions that the WET program evaluation aims to answer, the key aspects of the needs and projections component, and a quick overview of additional components that will inform the development of the five-year plan. Ms. Rizell noted that OSHPD is working with UCSF to carry out workforce needs forecasting and to look at some of the additional components.

Ms. Rizell introduced four surveys that OSHPD will use to inform the development of the five-year plan, and provided overviews of three of the four surveys. The fourth survey is the stakeholder engagement survey, covered in the Stakeholder Engagement portion of the meeting.

Committee members offered the following comments and questions:

- ◆ *The value and need for reviewing literature was questioned given that there are plenty of people who know the literature.*
- ◆ *Prevalence rates may not be the most helpful gauge to determine workforce needs.*
- ◆ *Alternatively, in addition to prevalence rates, it may be important to consider other factors that can affect these rates such as protective factors (example was provided regarding recent Latino immigrants communities who may not utilize services due to cultural factors). Lower prevalence might also mean that a community is not being reached at all.*

- ◆ *It is important to demonstrate that information is collected from a diverse pool.*
- ◆ *Concern regarding workforce analysis— the focus is always on hard to fill and hard to retain positions, which means that the focus is always on regulated positions and vacancy rates. Other professions that can meet the needs of people in the community don't show up in these types of analyses. Consider substitutes to positions that cannot be filled.*
- ◆ *Clarify what is considered a community-based organization (CBO)? Does it include health centers?*
- ◆ *Regarding a training perspective- Within the California State University system there are vacancies of 2-3 years for faculty, while many programs have waiting lists of students who want to participate. Show data and statistics regarding barriers to hiring faculty.*
- ◆ *Review the expansive definition of peers beyond clients. and be cognizant of the language used.*
- ◆ *UCSF's work should not be limited to LCSWs and the same work pool that other studies use. Include other kinds of licensed health professionals whose degrees are not specifically in mental health.*

State WET Program Evaluation: Early Findings

Ms. Rizell presented early findings from the current state WET program evaluation, including the number of individuals served by the WET program overall, a breakdown of counties served, the race/ethnicity of individuals served, the languages of individuals served, and the lived experiences of the individuals served.

Committee members provided the following comments and questions:

- ◆ *Clarify the definition of lived experience- participant who was a consumer of mental health services, or was a family member or caregiver of a consumer.*
- ◆ *Explore why there is a higher 'declined to state' response rate for race/ethnicity from retention program participants than there was for other program participants.*
- ◆ *Consistent with complaints around the state, there is a bigger difference in race/ethnicity among prescribing professionals than other groups.*
- ◆ *In presenting information, it would be informative to see the per capita figures for all of these charts to better understand how well a community is served.*
- ◆ *There is a huge difference in how dominated by Caucasian and Asian the licensed prescribing professionals are as compared to the other groups.*
- ◆ *Explain what is included in "other" in the race/ethnicity charts- The data used is based on Census race/ethnicity categories.*
- ◆ *The year-by-year gains shown on the language slides are immense.*
- ◆ *For comparison, include a pie chart showing California's overall demographics and a pie chart showing the demographics of the most likely clients of the PMHS.*

- ◆ *It's helpful to keep the colors of the categories consistent across all the pie charts and make the text bigger on the presentation graphics.*
- ◆ *Future survey efforts should be fully compliant and reasonably accommodating to promote full participation.*
- ◆ *The presentation was very informative.*

Public Engagement: Soliciting Input in Preparation for the WET 2020-2025 Plan Development

Orit Kalman, Lead Facilitator, California State University Sacramento/College for Continuing Education (CSUS/CCE), presented the stakeholder engagement process that will inform the WET five-year plan, emphasizing the need for the WE Committee's support and feedback in order to be fully comprehensive in engaging stakeholders. Ms. Kalman asked for feedback during the meeting as well as for committee members to provide any additional feedback to Justin Boese as they continue to reflect on the discussion.

Stakeholder Engagement Process

Ms. Kalman provided information about the overall stakeholder engagement process and the types of engagement that will be used to solicit information. Ms. Kalman reviewed the three components of the WET Five-Year Plan stakeholder engagement process—key informant interviews and focus group discussions, an online survey, and in-person and/or webinar stakeholder meetings—highlighting the difference between the focus groups, which bring together people with a common perspective to dive deep into key issues, and stakeholder meetings, which bring together people with diverse lenses to dialogue and share perspectives. Ms. Kalman emphasized using a targeted approach to solicit information from diverse stakeholders. Ms. Kalman presented a timeline for completing these efforts and presenting findings in a summary and a technical report. Ms. Kalman stressed the importance of getting feedback from the WE Committee in defining the desired outcomes and content of the survey and meetings, identifying stakeholders, and ground-truthing the findings gleaned from the stakeholder engagement process.

Committee members provided the following questions and comments regarding the stakeholder engagement process:

- ◆ *Although remote access is necessary at times, webinars are not ideal format to promote discussion, cross-talk, and fertility. In the room discussion creates better conversation.*
- ◆ *It's important to differentiate between urban and rural stakeholders. When inviting rural stakeholders to face-to-face meetings, you may need to consider transport and childcare issues. When inviting participants to remote conversations you have to consider accessibility to IT and webinars.*
- ◆ *Having three different pathways for engaging stakeholders seems relevant and creates different opportunities for people to engage.*

- ◆ *Consider how the public engagement success is evaluated. What is the goal in regards to numbers of people outreached and engaged in the process?*
- ◆ *Consider means for outreach to the deaf and hard of hearing community since they are grossly missed in general. The Northern California Center for the Deaf and Hard of Hearing have explained that outreach to that community is best at the regional, not by county level.*
- ◆ *Consider including educational institutions (deans and directors) in the engagement online survey to address the challenge of faculty capacity relative to students needs.*
- ◆ *Other surveys, administered by other entities are available such as the recent survey by the California Future Workforce Commission.*

Stakeholder Participation

Committee members provided the following suggestions and additions to the stakeholders list:

- ◆ *Include representation of families of youth. This is a particularly difficult group to engage.*
- ◆ *MHSOAC awards stakeholders contracts that require recipients to facilitate county processes. These may be a good source for data and connections to counties. For Example, NorCal Mental Health America is not a state-wide body but they know a lot about this.*
- ◆ *Include Occupational Therapists (OTs) on the list of providers (Licensed non-prescribers) since they are mental health providers. There may be other health professionals that are not licensed mental health professionals that should also be included.*
- ◆ *Add county contractors—the California Council of Community Behavioral Health Agencies. There are also groups of educators, a network of MFT education consortia who are educators who meet in regions throughout state. Educators and community contractors meet together.*
- ◆ *Include individuals who are in the educational pipeline currently—students. They know what they need to finish and work in the sector.*
- ◆ *The California Reducing Health Disparities Project did good work engaging diverse communities.*
- ◆ *People who have not been at table before may well be those who don't have an effective organizational voice, e.g. Native Americans—if you speak to one tribe it's only that one tribe.*
- ◆ *Parents and Caregivers for Wellness is currently carrying out a survey that could possibly relate. They've talked with 800+ family members and youth. Lynn Toll is admin person.*
- ◆ *Consumers and families should be included in face-to-face engagement as much as possible. Face-to-face is less necessary for organizations.*

Committee members suggested the addition of the following organizations:

- ◆ *California Pan-Ethnic Health Network*
- ◆ *Racial and Ethnic Mental Health Disparities Coalition*

- ◆ *California Primary Care Association*
- ◆ *California Youth Empowerment Network (CAYEN)*
- ◆ *Organization for Families of Youth*
- ◆ *Parents and Caregivers for Wellness (Lynn Toll is admin person.)*

Categories for Public Engagement Discussion

Ms. Kalman provided a brief overview of the topics that the stakeholder engagement process will be exploring. Ms. Kalman asked the committee to review the strategic thinking that informed the previous five-year plan, and asked whether they thought it was important to revise any of the strategic components in developing the new five-year plan. Ms. Kalman went over the broad topics for the public engagement process, noting that the process will be used to identify barriers and challenges related to each of the topics and exploring ways to move forward in addressing these. She further noted that the stakeholder engagement process will be an opportunity to delve into questions that supplement the material examined through the surveys; for example, there will be an opportunity to look beyond educational institutions' capacity when discussing the role and challenges of education.

Committee members offered the following comments and questions:

- ◆ *The Village in Long Beach is part of Mental Health America Lost Angeles and provides an example of a MHSA model. The model empowers people as extenders of psychiatry, working with a very different staffing model. It is important to include thinkers who are pioneering new ways and thinking outside the box when developing the WET Plan.*
- ◆ *Check out the survey being conducted by Parents and Caregivers for Wellness (also mentioned above). It is a needs assessment survey and could be informative for this process. It's difficult to provide a single source for families of youth because the organization that had worked with this constituency no longer exists.*
- ◆ *OSHPD should consistently use the term 'behavioral health', not 'mental health'. It is better understood and more contemporary.*
- ◆ *When considering workforce innovation, there are barriers related to billing/funding. We need to consider how best to bill for all the different potential providers that are needed.*
- ◆ *The concept of capacity building should be embedded in the different categories. For example, we are asking about comments on hard to fill positions and financial incentives. But once there's an answer you are done with the question. Capacity building is an ongoing process. Capacity building can be included in categories 4 & 5 (prescribing and non-prescribing workforce). It can relate to the other topics as well. Think about how to incorporate capacity building into all the topics.*
- ◆ *Consider enlisting community mental health workers who regularly support efforts to reach out to diverse communities:*

- ◆ *Include people who serve as a bridge between communities of color and providers: Health outreach workers, promotoras, community health brokers, navigators.*
- ◆ *Add a category to reflect this group of stakeholders.*
- ◆ *Consider how mental health services are delivered: mild to moderate needs are often addressed by other health providers, not necessarily specialized mental health providers. There are different entry points and sectors of mental health care. The plan and topics presented have been focused on specialized mental health, which is a particular segment of the mental health care system. The MHSA also specifically targets this section, which is probably why it is prominent here.*
- ◆ *They are in different sectors of the mental health system. The Mental Health Planning Council has been focused on the specialty side and its make up reflect this focus. The WET plan should meet the needs of community health workers who do not specialize in mental health but may serve as the bridge to people with mental health needs.*
- ◆ *Consider audience diversity when deciding on survey language.*
- ◆ *Make sure to speak with people who are experts in education and are focused on sensitive communities (for example older adults, communities of color). Data shows that there is very little content around that in many programs.*

**California Behavioral Health Planning Council
Workforce and Employment Committee**

Wednesday, October 17, 2018

Agenda Item: CASRA Employment Initiative

Enclosures: CASRA Employment Initiative Concept Paper

Background/Description:

Enclosed is a paper developed by the California Association of Social Rehabilitation Agencies (CASRA) that provides “a conceptual framework for describing, understanding, and developing specific strategies to support employment success” for those with psychiatric disabilities. CASRA is looking for partners to endorse their employment initiative, and plans to host a state-wide summit on the topic. Danny Marquez, of Marquez Consulting, will be joining the meeting to discuss CASRA’s employment initiative with the Workforce and Employment Committee.

For a copy of the draft concept paper please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

**California Behavioral Health Planning Council
Workforce and Employment Committee**

Wednesday, October 17, 2018

Agenda Item: Review Committee Charter and Work Plan

Enclosures: Draft of WE Committee Charter & Work Plan

Background/Description:

Enclosed is a draft of the Workforce and Employment Committee Charter, edited based on feedback gathered at the meeting on June 20th, 2018, as well as a Work Plan draft created by WE Committee Chairperson Deborah Pitts.

California Behavioral Health Planning Council

Workforce and Employment Committee

Charter 2018-19

The California Behavioral Health Planning Council is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public mental health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder systems.

Council Mission Statement: The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally competent, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators

Committee Overview and Purpose:

The efforts and activities of the Workforce and Employment Committee (WEC) will address the workforce shortage in the public behavioral health system, mental health workforce training, the employment of individuals with psychiatric disabilities, and the future of funding for workforce efforts. Additionally, state law provides the Council with specific responsibilities in advising the Office of Statewide Health Planning and Development (OSHPD) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development Plan as well as review and approval authority of the final plan. The WEC will be the group to work closely with OSHPD staff to provide input, feedback and guidance and also to be the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law.

There are a number of collateral partners involved in addressing the behavioral health workforce shortage in California. A number of them have been working with the Council in prior efforts and provide additional subject matter expertise. These individuals and organizations, collectively known as the WET Steering Committee, will continue to provide the WEC with expertise and are invited to participate in meetings, where appropriate.

Additionally, there are a number of other organizations and institutions, at the State level, who are engaged in efforts for the employment of individuals with disabilities, including psychiatric disabilities, with whom the WEC will maintain relationships to identify areas of commonality, opportunities for collaboration and blending of actions. They include but are not limited to:

- CA Council for the Employment of Persons with Disabilities
- State Rehabilitation Council
- Third-Party Cooperative Agreements
- California Workforce Development Board
- Labor Workforce Development Agency

Mandates:

CA Welfare and Institutions Code

5772. The California Behavioral Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (a) To advocate for effective, quality mental health and substance use programs.
- (b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.
- (e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder systems.
- (j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.
- (k) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health and substance use disorder systems, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

5820. (c) The Office of Statewide Health Planning and Development, in coordination with the California Behavioral Health Planning Council, shall identify the total statewide needs for each professional and other occupational category utilizing county needs assessment information and develop a five-year education and training development plan.

(d) Development of the first five-year plan shall commence upon enactment of the initiative. Subsequent plans shall be adopted every five years, with the next five-year plan due as of April 1, 2014.

(e) Each five-year plan shall be reviewed and approved by the California Behavioral Health Planning Council.

5821. (a) The California Behavioral Health Planning Council shall advise the Office of Statewide Health Planning and Development on education and training policy development and provide oversight for education and training plan development.

(b) The Office of Statewide Health Planning and Development shall work with the California Behavioral Health Planning Council and the State Department of Health Care Services so that council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.

Guiding Principles:

The work of the Council and the WEC will promote, reflect and embody the following guiding principles:

- Wellness and Recovery
- Resiliency across the Lifespan
- Advocacy
- Consumer and Family Member Voice

General Committee Operations:

Meeting Times

The WEC will meet in-person four times a year, rotating locations in conjunction with the Full Council meetings. At these meetings, the WEC meets on Wednesday afternoon from 1:30pm to 5:00pm. Meetings by conference call may occur in the months between in-person meetings, on an as needed basis.

WEC Member Roles and Responsibilities

Regular attendance of committee members is expected in order for the Committee to function effectively. If the WEC has difficulty achieving a quorum due to the continued absence of a committee member, the WEC chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the WEC chairperson can request that the Officer Team remove the member from the committee.

The WEC Chairperson and Chair-Elect will be nominated by the WEC members and appointed by the CBHPC Officer Team. In the Chairperson's absence the Chair-Elect will serve as the Chairperson. The Chairperson and Chair-Elect serve on the Executive Committee which requires attendance and participation in those meetings in addition to WEC meetings. Terms will begin with the January in-person meeting and end with the last meeting of the calendar year.

Members are expected to serve as advocates for the Committee's charge, and as such, could include, but are not limited to:

- Attend meetings and provide input
- Review meeting materials prior to meetings in order to ensure effective meeting outcomes
- Speak at relevant conferences and summits when requested by the Committee leadership
- Develop products such as white papers, opinion papers, and other documents
- Distribute the Committee’s white papers and opinion papers to their represented communities and organizations
- Assist in identifying speakers for presentations

Staff Responsibilities

Staff will capture the WEC member’s decisions and activities in a document, briefly summarizing the discussion and outlining key outcomes during the meeting. The meeting summary will be distributed to the WEC members within one month following the meeting. Members will review and approve the previous meeting’s summary at the following meeting.

Staff will prepare the meeting agendas and materials, including coordinating presenters, at the direction of the WEC Chairperson and members. The meeting agenda and materials will be made available to WEC members, in hardcopy and/or electronically, not less than 10 days prior to the meeting.

Workforce and Employment Committee Staff: Justin Boese – Justin.boese@cbhpc.dhcs.ca.gov

General Principles of Collaboration

The following general operating principles are established to guide the Committee’s deliberations:

- The Committee’s purpose will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the Council’s vision.
- To that end, members will:
 - Commit to expending the time, energy and organizational resources necessary to carry out the Committee’s Work Plan
 - Be prepared to listen intently to the concerns of others and identify the interests represented
 - Ask questions and seek clarification to ensure they fully understand other’s interests, concerns and comments
 - Regard disagreements as problems to be solved rather than battles to be won
 - Be prepared to “think outside the box” and develop creative solutions to address the many interests that will be raised throughout the Committee’s deliberations

Committee members will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting summary.

Members:

Chairperson: Deborah Pitts	Chair Elect: Dale Mueller
Walter Shwe	Arden Tucker
Kimberly Wimberly	Vera Calloway
Karen Hart	Cheryl Treadwell
Kathi Mowers-Moore	Steve Leoni
Lorraine Flores	Liz Oseguera
Staff: Justin Boese 916.552.9520 Justin.Boese@cbhpc.dhcs.ca.gov	Naomi Ramirez 916.322.3071 Naomi.Ramirez@cmhpc.dhcs.ca.gov

Workforce Education and Training (WET) Steering Committee	
Maxwell Davis	Rebecca Gonzalez
Kimberly Mayer	Anne Robin
Robert McCarron	Maggie Merritt
Joe Ruiz	Adrienne Shilton
Perfecto Munoz	Kristin Dempsey
Paul Curtis	Wendy Wang
Olivia Loewy	Janet C. Frank
Steve Sodergren	Kathryn Kietzman,
Heidi Strunk	Paula Wilhelm
Betty Dahlquist	Le Ondra Clark Harvey
Cathy A. Martin	

California Behavioral Health Planning Council
Workforce and Employment Committee
Workplan June 2018-July 2019

Committee Overview and Purpose

The efforts and activities of the Workforce and Employment Committee (WEC) will address both the workforce shortage and training in the public behavioral health system, including the future of funding, and the employment of individuals with psychiatric disabilities. Additionally, state law provides the Council with specific responsibilities in advising the Office of Statewide Health Planning and Development (OSHPD) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development Plan as well as review and approval authority of the final plan. The WEC will be the group to work closely with OSHPD staff to provide input, feedback and guidance and also to be the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law.

There are a number of collateral partners involved in addressing the behavioral health workforce shortage in California. A number of them have been working with the Council in prior efforts and provide additional subject matter expertise. These individuals and organizations, collectively known as the WET Steering Committee, will continue to provide the WEC with expertise and are invited to participate in meetings, where appropriate.

Additionally, there are a number of other organizations and educational institutions, at the State level, who are engaged in efforts for the employment of individuals with disabilities, including psychiatric disabilities, with whom the WEC will maintain relationships to identify areas of commonality, opportunities for collaboration and blending of actions. They include but are not limited to:

- CA Council for the Employment of Persons with Disabilities
- State Rehabilitation Council
- Co-Op Programs within the Department of Rehabilitation
- California Workforce Development Board
- Labor Workforce Development Agency

Strategic Goal 1.0: Collaborate with other stakeholders to reduce California’s behavioral health workforce shortage and build sustained mechanism for ongoing workforce education and training to insure a recovery-oriented workforce.

Objective 1.1: Review and make recommendations to the full Council regarding approval of OSPHD WET Plan by:

- a. Engaging in regular dialogue and collaborating with the WET Steering Committee
- b. Having open line of communication with OSHPD via CBHPC Council staff, Justin Boese.
- c. Participate in statewide OSHPD stakeholder engagement process

Objective 1.2: Build Council’s understanding of workforce development ‘best practices’ for both entry-level preparation and continuing competency, including but not limited to the resources from the Annapolis Coalition on the Behavioral Health Workforce, WICHE Mental Health Program.

Objective 1.3: Build Council’s understanding of County specific workforce development initiatives and their success.

Objective 1.4: Identify and inventory funding opportunities @ state and national level for workforce development, scholarships, tuition support, etc.

Objective 1.5: Collaborate with Legislative and Advocacy Committee to support Peer Certification efforts

Objective 1.6: Collaborate with Medicaid and Systems Committee to ensure that in the updated Medicaid waiver that occupational therapists and other Master’s level, state licensed health providers with mental health practice education are identified as LMPHs for Specialty Mental Health services.

Strategic Goal 2.0: Ensure that any California mental health consumer who wants to work, has easy and timely access to employment support services to secure employment in job/career of choice.

Objective 2.1: Build Council’s understanding of employment and education support services available to mental health consumers in each of California’s counties.

Objective 2.2: Build Council’s understanding of California Department of Rehabilitation’s mechanism to support employment and education for California’s mental health consumers, including but not limited to the mental health cooperative.

Objective 2.3: Build Council’s understanding of employment services “best practices”, including but not limited to Individual Placement & Support (IPS) Model of supported employment, social enterprises, supported education.

Objective 2.4: Collaborate with CBHPC Legislative and Advocacy Committee to identify, monitor and take positions on legislation related to employment and education for California’s mental health consumers.

**California Behavioral Health Planning Council
Workforce and Employment Committee**

Wednesday, October 17, 2018

Agenda Item: WET 5-Year Plan Development

Background/Description:

OSHPD will be working closely with the CBHPC Workforce and Employment Committee throughout the development of the next WET 5-Year Plan. The following topics will be presented at the October Quarterly Meeting:

Educational Institutions Capacity (UCSF) study – data analysis findings

The Office of Statewide Health Planning and Development (OSHPD) is currently developing the Mental Health Services Act (MHSA) Workforce Education and Training (WET) 2020-2025 Five-Year Plan. As part of the planning process, OSHPD contracted with Healthforce Center at the University of California, San Francisco (UCSF) to conduct a study of current and potential capacity within institutions of higher education to educate and train mental health and related personnel. UCSF will present phase one findings of this study, which includes an analysis of existing data.

Stakeholder Engagement (CSUS) – highlight of focus group findings

The Office of Statewide Health Planning and Development (OSHPD) is currently developing the Mental Health Services Act (MHSA) Workforce Education and Training (WET) 2020-2025 Five-Year Plan. As part of the plan development process, OSHPD contracted with California State University, Sacramento (CSUS), Consensus and Collaboration Programs to facilitate the stakeholder engagement process. OSHPD and CSUS convened seven focus groups to obtain stakeholder feedback regarding MHSA values and principles. Focus group participants also offered strategies to further increase and sustain workforce capacity of the public mental health system workforce through the MHSA WET Program. CSUS will present the focus group findings.

For copies of the documents to be shared below please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov :

1. 2020-2025 WET Five-Year Plan Components and Process
2. Trends and Characteristics of Post-Secondary Education Programs in Mental health Professions
3. OSHPD 2020-2025 WET Plan Development Stakeholder Engagement